## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

| SCHEDI                                                                                                                                                                                                                                                                                                                                                      | JLE E)                                                                         | PAGE 1 OF 15<br>FOR SE OF FORM 24/48        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                             | COMMITTE (In Full)                                                             | FEC IDENTIFICATION NUMBER ▼                 |
| FKEEI                                                                                                                                                                                                                                                                                                                                                       | DOMWORKS FOR AMERICA                                                           | C C00499020                                 |
| Check If 24-hour report X 48-hour report New report Amends report filed on                                                                                                                                                                                                                                                                                  |                                                                                |                                             |
| Full N                                                                                                                                                                                                                                                                                                                                                      | ame (Last, First, Middle Initial) of Payee                                     | 0                                           |
| Add                                                                                                                                                                                                                                                                                                                                                         | oprint.com                                                                     | M M M / D D / Y Y Y Y Y                     |
| Mailin                                                                                                                                                                                                                                                                                                                                                      | g Address 8412 Sabal Industrial Blvd.                                          | 10 11 2012                                  |
| City                                                                                                                                                                                                                                                                                                                                                        | State Zip Code                                                                 | ount                                        |
| Tampa                                                                                                                                                                                                                                                                                                                                                       | FL 33619                                                                       | 15670.00<br>saction ID : SE.85215           |
| Purpo<br>IE-Ob                                                                                                                                                                                                                                                                                                                                              | se of Expenditure  Category/  Office Sor                                       | ught: House State:                          |
|                                                                                                                                                                                                                                                                                                                                                             | туре                                                                           | Senate District: 00  President              |
|                                                                                                                                                                                                                                                                                                                                                             | of Federal Candidate Supported or Opposed by Expenditure:  ACK OBAMA  Check Or |                                             |
|                                                                                                                                                                                                                                                                                                                                                             | Calendar Year-To-Date Per Election for Office Sought Disbursen                 | nent For: Primary General Other (specify)   |
| Full N                                                                                                                                                                                                                                                                                                                                                      | ame (Last, First, Middle Initial) of Payee Dat                                 | e                                           |
| Adc                                                                                                                                                                                                                                                                                                                                                         | oprint.com                                                                     | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailin                                                                                                                                                                                                                                                                                                                                                      | g Address 8412 Sabal Industrial Blvd.                                          | 10 11 2012                                  |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                | ount                                        |
| City<br>Tampa                                                                                                                                                                                                                                                                                                                                               | State Zip Code FL 33619                                                        | 5885.00                                     |
| Purpo                                                                                                                                                                                                                                                                                                                                                       | se of Expenditure Catagory/ Office Soil                                        | saction ID : SE.85217 ught: House State: FL |
| IE-Ha                                                                                                                                                                                                                                                                                                                                                       | sner-Yard Signs Type 004                                                       | Senate District: 22                         |
|                                                                                                                                                                                                                                                                                                                                                             | of Federal Candidate Supported or Opposed by Expenditure:  A HASNED Check Or   | President  De: Support Oppose               |
| ADAI                                                                                                                                                                                                                                                                                                                                                        | HIAGNER                                                                        |                                             |
|                                                                                                                                                                                                                                                                                                                                                             | Calendar Year-To-Date Per Election for Office Sought 174755.21 Disbursen       | nent For: Primary General  Other (specify)  |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                             |
| (a) SUBTOTAL of Itemized Independent Expenditures                                                                                                                                                                                                                                                                                                           |                                                                                |                                             |
| (b) SUBTOTAL of Unitemized Independent Expenditures                                                                                                                                                                                                                                                                                                         |                                                                                |                                             |
| (c) TOTAL Independent Expenditures                                                                                                                                                                                                                                                                                                                          |                                                                                |                                             |
| (6)                                                                                                                                                                                                                                                                                                                                                         |                                                                                | 7 7 7                                       |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |                                                                                |                                             |
|                                                                                                                                                                                                                                                                                                                                                             | Ryan Hecker  [Electronically Filed] Date 10                                    | / DED / YEYEYEY                             |
| Sigr                                                                                                                                                                                                                                                                                                                                                        | Tature [Electronically Filed] Date 10                                          | 13 2012                                     |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                             |